

## Patient Safety Reporting System (PSRS) Report Form

**IDENTIFICATION STRIP:** Please fill in all blanks. This section will be returned to you.  
NO RECORD WILL BE KEPT OF YOUR IDENTITY.

(SPACE BELOW RESERVED FOR PSRS REPORT RECEIPT STAMP)

**TELEPHONE NUMBERS** where we may reach you for further details of this occurrence:

**HOME** Area \_\_\_\_\_ No. \_\_\_\_\_ Hours \_\_\_\_\_

**WORK** Area \_\_\_\_\_ No. \_\_\_\_\_ Hours \_\_\_\_\_

**ADDRESS** to which you want your confirmation of report receipt mailed:

**NAME** \_\_\_\_\_

**ADDRESS / PO BOX** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PLEASE SUPPLY A BRIEF DESCRIPTION OF THE EVENT OR SITUATION YOU ARE REPORTING**

**DATE OF OCCURRENCE** \_\_\_\_\_

**TIME OF OCCURRENCE** \_\_\_\_\_

**ALL IDENTITIES AND OTHER UNIQUELY IDENTIFYING INFORMATION CONTAINED IN THIS REPORT WILL BE REMOVED TO ASSURE COMPLETE REPORTER ANONYMITY. YOUR NAME IS IMPORTANT SO YOUR ID STRIP CAN BE RETURNED TO YOU. THE INFORMATION SUBMITTED ON THIS FORM IS CONFIDENTIAL AND PROTECTED UNDER THE PROVISIONS OF 38 USC 5705, DEPARTMENT OF VETERANS AFFAIRS.**

**PLEASE FILL IN SPACES AND CHECK BOXES BELOW THAT APPLY TO THIS EVENT OR SITUATION YOU ARE REPORTING.**

### REPORTER INFORMATION AND EVENT BACKGROUND

What is your current VA position?

- ☐ Physician  
(Specialty) \_\_\_\_\_
- ☐ Physician's Assistant
- ☐ Nurse Practitioner
- ☐ Nurse Anesthetist
- ☐ Registered Nurse
- ☐ Licensed Practical / Vocational Nurse
- ☐ Nursing Assistant
- ☐ Pharmacist
- ☐ Medical Technologist
- ☐ Lab Technician / Assistant
- ☐ Rehabilitation Therapist
- ☐ Respiratory Therapist
- ☐ Environmental / Engineering Services
- ☐ Other \_\_\_\_\_

How many years of health care experience do you have?

How many years have you worked at the VA?

How many years have you worked in your current position?

Where did the event occur?

- ☐ Inpatient
- ☐ Outpatient Clinic
- ☐ CBOC

What shift were you working when the incident occurred?

\_\_\_\_\_ ☐ A.M. to \_\_\_\_\_ ☐ A.M.  
\_\_\_\_\_ ☐ P.M. to \_\_\_\_\_ ☐ P.M.

Was this your regular shift?

### EVENT LOCATION

Where did the event occur? (check all that apply)

- ☐ Patient Room
- ☐ Operating Room
- ☐ Recovery Room
- ☐ ICU / CCU / TCU
- ☐ Nurses Station
- ☐ Emergency Department
- ☐ Pharmacy
- ☐ Radiology
- ☐ Laboratory
- ☐ Rehabilitation Areas
- ☐ Behavioral / Mental Health
- ☐ Hallway or other Common Area
- ☐ Long-Term Care / Nursing Home
- ☐ Patient's Home
- ☐ Other: \_\_\_\_\_

### ENVIRONMENTAL FACTORS

Did any of the following environmental factors contribute to the event?

(check all that apply)

- ☐ Lighting
- ☐ Noise Level
- ☐ Temperature
- ☐ Work Space Configuration
- ☐ Other: \_\_\_\_\_

### OTHER FACTORS

Were any of the following a factor in the event? (check all that apply)

- ☐ Medical Device
- ☐ Medications
- ☐ Procedures
- ☐ Transport
- ☐ Patient Record Documentation
- ☐ Imaging and X-rays
- ☐ Laboratory and Diagnostics
- ☐ Equipment
- ☐ Home Care
- ☐ Other: \_\_\_\_\_

**EVENT DESCRIPTION — GO TO NEXT PAGE (2)**

## Using the Patient Safety Reporting System (PSRS) Report Form

The PSRS is a voluntary system for use by VA staff and others to report safety-related events and situations that occur in medical settings. The purpose of the PSRS is to promote the improvement of safety for patients in all VA medical facilities through the sharing of information.

**Use the PSRS to report:** Events or situations that could have resulted in accident, injury, or illness, but did not, either by chance or through timely intervention; unexpected serious occurrences that involved death, physical injury, or psychological injury of a patient or employee; lessons learned or safety ideas.

PSRS reports are de-identified by NASA and specific details that identify individuals, affiliations, or facilities are

removed. NASA maintains a database of the de-identified PSRS safety information for analysis.

Several types of events are **not** protected by 38 USC 5705, Department of Veterans Affairs. These include the following intentionally unsafe acts: criminal acts; purposefully unsafe acts; alleged or suspected patient abuse.

These intentionally unsafe acts are not included in the PSRS program.

**Thank you for your contribution to patient safety!**

Please fold both pages (and additional pages if required), enclose in a sealed, stamped envelope, and mail to:



PATIENT SAFETY REPORTING SYSTEM  
POST OFFICE BOX 4  
MOFFETT FIELD, CALIFORNIA 94035-0004

### EVENT DESCRIPTION

Keeping in mind the topics shown below, discuss those which you feel are relevant and anything else you feel is important. Include what you believe really **CAUSED** the problem, and what can be done to **PREVENT** a recurrence, or **CORRECT** the situation.  
(Use additional paper, if needed.)

#### CHAIN OF EVENTS

- How the problem arose
- Contributing factors
- How it was discovered
- Corrective actions

#### HUMAN PERFORMANCE FACTORS

- Perceptions, judgments, decisions
- Actions or inactions
- Factors affecting the quality of human performance

**EVENT DESCRIPTION, continued...**

**CHAIN OF EVENTS**

- How the problem arose
- How it was discovered
- Contributing factors
- Corrective actions

**HUMAN PERFORMANCE FACTORS**

- Perceptions, judgments, decisions
- Actions or inactions
- Factors affecting the quality of human performance